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STATE OF CONNECTICUT
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES
A Healthcare Service Agency

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COMMISSIONER

**Access to Recovery (ATR) II
PROVIDER ALERT**

February 18, 2009

TO: ATR II Contracted Providers

**RE: New "Authorization for Disclosure of Last Known Address and Phone Number"
Application Form**

Effective Date: March 1, 2009

Effective March 1, 2009, an "Authorization for Disclosure of Last Known Address and Phone Number" form will be required as a part of the ATR II application for services. The form must be signed by the recipient, and faxed to ABH along with the Consent to Participate and the Consent to Disclosure and Re-disclosure of Confidential Information and Records (ROI).

The "Authorization for Disclosure of Last Known Address and Phone Number" form was created to ensure that recipients can be located for the six month follow-up GPRA interview. The form requests that recipients authorize indicated agencies to disclose the recipients' last known address and phone number. The authorization does not allow for the disclosure of treatment information.

For further information, providers may view revised application and application instructions on the ABH website at www.abhct.com under the Resources tab: ATR II.

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